



Jim Doyle  
Governor

**State of Wisconsin**

Helene Nelson  
Secretary

**Department of Health and Family Services**

Dear \_\_\_\_\_ :



Thank you for your interest in the special needs adoption program and for participating in the recent screening process. We have carefully reviewed the screening forms submitted by all families and have selected those which best match the types of children available for placement and their needs. I regret



you were not selected and that we are not able to continue the adoption process with you at this



.

We will reassess the placement needs in \_\_\_\_\_ months time and will conduct another screening in

\_\_\_\_\_. You are welcome to participate in that screening. Please contact your regional adoption unit

before \_\_\_\_\_ to indicate your interest in participating.

If you have questions about the screening process or about other adoption opportunities in Wisconsin please feel free to discuss them with \_\_\_\_\_, or call me at \_\_\_\_\_. You have the right to appeal this decision and may do so by requesting a review in writing to Programs and Policies, P.O. Box 8916, Madison, WI 53708-8916.



in, thank you for you interest in the special needs adoption program.



Sincerely,

